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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 10-01-2008 and ending 09-30-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
McLeod Regional Medical Center of the Pee Dee Inc

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
555 East Cheves Street

City or town, state or country, and ZIP + 4
Florence, SC 295020551

D Employer identification number
57-0370242

E Telephone number
(843) 777-2256

G Gross receipts $ 997,067,336

F Name and address of Principal Officer
Robert Colones
555 East Cheves St
Florence, SC 295020551

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(c) Group Exemption Number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Web site: ▶ www mcleodhealth org

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1906

M State of legal domicile SC

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Acute Care Hospital

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	22
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	13
5	Total number of employees (Part V, line 2a)	**5**	4,077
6	Total number of volunteers (estimate if necessary)	**6**	175
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	**7a**	-8,055
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-8,055

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,589,114	2,518,689
9	Program service revenue (Part VIII, line 2g)	558,138,003	554,030,563
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,700,608	-22,438,014
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,716,352	3,319,366
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	577,144,077	537,430,604
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	195,962,569	193,014,424
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	(Total fundraising expenses, Part IX, column (D), line 25 0)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	331,873,775	320,241,230
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	527,836,344	513,255,654
19	Revenue less expenses Subtract line 18 from line 12	49,307,733	24,174,950

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	728,205,416	794,806,514
21	Total liabilities (Part X, line 26)	256,631,873	255,507,915
22	Net assets or fund balances Subtract line 21 from line 20	471,573,543	539,298,599

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Please Sign Here

▶ Signature of officer — Date: 2010-08-11

▶ S Fulton Ervin Chief Financial Officer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ | Date | Check if self-employed ▶ ☐ | Preparer's PTIN (See Gen Inst)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ DELOITTE TAX LLP
191 Peachtree Street Suite 1500
Atlanta, GA 30303

EIN ▶

Phone no ▶ (404) 220-1500

May the IRS discuss this return with the preparer shown above? (See instructions) ☐ Yes ☐ No

Part III Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization's mission

The mission of McLeod Health is to improve the overall health and well being of people living within South Carolina and eastern North Carolina by providing excellence in healthcare

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting or make significant changes in how it conducts any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 428,088,903 including grants of $) (Revenue $ 554,030,563)

McLeod Regional Medical Center of the Pee Dee, Inc , doing business as McLeod Regional Medical Center, is a charitable, nonprofit corporation, located in the City of Florence, South Carolina The corporation owns and operates McLeod Regional Medical Center (MRMC), a 453-bed tertiary carefacility, together with other hospital, surgical, health and fitness, behavioral health, and hospice facilities located in Florence and Darlington Counties, South Carolina See the community benefit report for McLeod Health at Schedule O

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses $ 428,088,903 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		No
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV* .	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	250		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	4,077		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*		5c		
6a	Did the organization solicit any contributions that were not tax deductible?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	*Organizations that may receive deductible contributions under section 170(c).*				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h	Yes	
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	*Section 501(c)(7) organizations.* Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	*Section 4947(a)(1) non-exempt charitable trusts.* Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI Governance, Management, and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a 22		
b	Enter the number of voting members that are independent . .	1b 13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . .	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13* . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed _____

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ own website ☐ another's website ☑ upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Mark W Cameron
555 East Cheves Street
Florence, SC 295020551
(843) 777-5304

Part VII Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed
* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations

* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations

* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	**(B)** Average hours per week	**(C)** Position (check all that apply)						**(D)** Reportable compensation from the organization (W-2/1099MISC)	**(E)** Reportable compensation from related organizations (W- 2/1099-MISC)	**(F)** Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								2,882,723	1,920,595	291,502

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 9

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Pee Dee Pathology Associates PA PO Box 6166 Florence, SC 29502	Medical Services	780,670
Pee Dee Lithotripsy of the Carolinas LL PO Box 6171 Florence, SC 29501	Medical Services	776,504
Florence Neurosurgery and Spine 901 East Cheves Street Suite 420 Florence, SC 29506	Medical Services	426,971
Medical Anesthesia Consultants PO Box 13759 Florence, SC 29504	Medical Services	359,840
Morrell Nursing Center LLC 900 N Marquis Highway Hartsville, SC 29551	Medical Services	340,185

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 18

Part VIII Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d 2,260,942				
	e	Government grants (contributions) 1e 148,205				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 109,542				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total (Add lines 1a-1f)** ▶	2,518,689			
Program Service Revenue		Business Code				
	2a	Patient Services 624,100	546,266,733	546,266,733		
	b	All other Program Serv 900,099	7,763,830	7,763,830		
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total. Add lines 2a-2f** ▶ $ 554,030,563				
	3	Investment income (including dividends, interest other similar amounts) ▶	7,544,503			7,544,503
	4	Income from investment of tax-exempt bond proceeds ▶				
	5	Royalties ▶				
		(i) Real / (ii) Personal				
	6a	Gross Rents 3,186,621				
	b	Less rental expenses 3,197,831				
	c	Rental income or (loss) -11,210				
	d	Net rental income or (loss) ▶	-11,210			-11,210
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 425,001,730 / 1,454,654				
	b	Less cost or other basis and sales expenses 455,015,124 / 1,423,777				
	c	Gain or (loss) -30,013,394 / 30,877				
	d	Net gain or (loss) ▶	-29,982,517			-29,982,517
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from fundraising events ▶				
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities ▶				
	10a	Gross sales of inventory, less returns and allowances a				
	b	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory ▶				
		Miscellaneous Revenue / Business Code				
	11a	Pharmacy Income 446,110	2,088,782			2,088,782
	b	Cafeteria Income 722,210	1,499,489			1,499,489
	c	Gift Shop 453,220	545,511			545,511
	d	All other revenue _____	-803,206		-8,055	-795,151
	e	**Total. Add lines 11a-11d** ▶ $ 3,330,576				
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶	537,430,604	554,030,563	-8,055	-19,110,593

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,112,082	1,000,874	111,208	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	151,765,733	134,158,407		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	40,136,609	34,116,118	6,020,491	
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management	28,997,431	168,940	28,828,491	
b Legal	396,613	15,208	381,405	
c Accounting				
d Lobbying				
e Professional fundraising *See Part IV, line 17*				
f Investment management fees				
g Other	17,725,209	12,112,964	5,612,245	
12 Advertising and promotion	391,585	59,287	332,298	
13 Office expenses	102,091,696	100,354,757	1,736,939	
14 Information technology	1,155,327	934,874	220,453	
15 Royalties				
16 Occupancy	8,934,413	1,859,256	7,075,157	
17 Travel	762,854	719,951	42,903	
18 Payments of travel or entertainment expenses for any Federal, state or local public officials				
19 Conferences, conventions and meetings	189,461	164,086	25,375	
20 Interest	8,025,260	8,025,260		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	30,839,787	30,839,787		
23 Insurance	2,960,134		2,960,134	
24 Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a Bad Debt	87,189,305	87,189,305		
b Licenses and Taxes	12,575,911	375,830	12,200,081	
c MPA Subsidy	8,069,662	8,069,662		
d Fees-Physicians	3,407,955	3,407,955		
e Rental Expenses	2,552,422	2,551,874	548	
f All other expenses	3,976,205	1,964,508	2,011,697	
25 **Total functional expenses.** Add lines 1 through 24f	513,255,654	428,088,903	85,166,751	0
26 **Joint Costs.** Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		20,681,509	2	27,524,828
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		64,924,111	4	67,526,202
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		5,946,609	8	5,720,260
	9	Prepaid expenses and deferred charges		4,596,860	9	5,095,183
	10a	Land, buildings, and equipment cost basis	10a 612,433,695			
	b	Less accumulated depreciation *Complete Part VI of Schedule D*	10b 331,411,023	291,525,809	10c	281,022,672
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*		296,504,895	12	358,409,223
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*		44,025,623	15	49,508,146
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*		728,205,416	16	794,806,514
Liabilities	17	Accounts payable and accrued expenses		40,854,121	17	42,453,820
	18	Grants payable			18	
	19	Deferred revenue			19	160,131
	20	Tax-exempt bond liabilities		172,603,683	20	166,940,114
	21	Escrow account liability *Complete Part IV of Schedule D*			21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		15,946,179	23	13,897,716
	24	Unsecured notes and loans payable			24	
	25	Other liabilities *Complete Part X of Schedule D*		27,227,890	25	32,056,134
	26	**Total liabilities.** *Add lines 17 through 25*		256,631,873	26	255,507,915
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		471,573,543	27	539,298,599
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		471,573,543	33	539,298,599
	34	Total liabilities and net assets/fund balances		728,205,416	34	794,806,514

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990	☐ cash ☑ accrual ☐ other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b		No
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or audits?		3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
McLeod Regional Medical Center of the Pee Dee Inc

Employer identification number
57-0370242

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i).**

2 ☐ A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☑ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(See Instructions)**)	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of support?
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 **Public Support** subtract line 5 from line 4						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total Support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f **15**

16a **33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a **10% Facts and Circumstances Test - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

b **10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

18 **Private Foundation.** If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total** Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18

19a **33 1/3% Tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ☐

Part IV **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
McLeod Regional Medical Center of the Pee Dee Inc

Employer identification number
57-0370242

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain why in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		57,356,668		57,356,668
b Buildings		358,194,801	172,933,813	185,260,988
c Leasehold improvements		2,143,423	1,554,726	588,697
d Equipment		188,806,852	140,941,051	47,865,801
e Other		5,931,951	15,981,433	-10,049,482
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				281,022,672

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other Money Market - SSGA	410,886	F
Other Large Cap - SSGA and JP Morgan	84,189,434	F
Other SMID CAP - Thompson Siegel & Walmsley and Chartwell	45,200,798	F
Other International - Barclays and Alliance	82,178,074	F
Other Fixed - Alliance Bernstein and Wachovia	109,423,044	F
Other Hedge Funds - Blackstone	26,234,783	F
Other Bonds	10,772,204	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	358,409,223	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Other Receivables	2,695,008
Intercompany	28,382,835
Goodwill	3,669,237
Investments in Affiliated Companies	3,889,835
Life Insurance	923,237
Net Bond Issue Cost	6,917,727
Due From Assets	3,030,267
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	49,508,146

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Current Portion of Long Term Debt	7,879,338
Due from Third Party Payors	24,176,796
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	32,056,134

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.
▶ Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
McLeod Regional Medical Center of the Pee Dee Inc

Employer identification number
57-0370242

Part I Charity Care and Certain Other Community Benefits at Cost *(Optional for 2008)*

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a		
b	If "Yes," is it a written policy?	1b		
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☐ 200% ☐ Other _____%	3a		
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____%	3b		
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4		
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a		
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Does the organization prepare an annual community benefit report?	6a		
6b	If "Yes," does the organization make it available to the public?	6b		
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from *worksheets 1 and 2)*						
b Unreimbursed Medicaid (from *worksheet 3, column a)*						
c Unreimbursed costs—other means-tested government programs (from *Worksheet 3, column b)*						
d **Total** Charity Care and Means-Tested Government Programs						
Other Benefits						
e Community health improvement services and community benefit operations (from (worksheet 4)						
f Health professions education (from worksheet 5)						
g Subsidized health services (from worksheet 6)						
h Research (from worksheet 7)						
i Cash and in-kind contributions to community groups (from worksheet 8)						
j **Total** Other Benefits						
k **Total** (line 7d and 7j)						

Part II Community Building Activities (Complete this table if the organization conducted any community building activities) *(Optional for 2008)*

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**						

Part III Bad Debt, Medicare, and Collection Practices *(Optional for 2008)*

Section A—Bad Debt Expense

			Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1		
2	Enter the amount of the organization's bad debt expense (at cost) 2			
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy 3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit			

Section B—Medicare

5	Enter total revenue received from Medicare (including DSH and IME) 5		
6	Enter Medicare allowable costs of care relating to payments on line 5 6		
7	Enter line 5 less line 6—surplus or (shortfall) 7		
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit, and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used		

☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C—Collection Practices

9a	Does the organization have a written debt collection policy?	9a		
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b		

Part IV Management Companies and Joint Ventures *(Optional for 2008)*

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information *(Required for 2008)*

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
McLeod Regional Medical Center of the Pe 555 East Cheves St Florence, SC 29502	X	X	X	X	X	X	X		
McLeod Medical Center Darlington 701 Cashua Ferry Road Darlington, SC 29532	X	X							
McLeod Behavioral Health 701 Cashua Ferry Road Darlington, SC 29532	X								

Part VI Supplemental Information *(Optional for 2008)*

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

2 **Needs Assessment.** Describe how the organization assesses the health care needs of the communities it serves

3 **Patient Education of Eligibility for Assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

4 **Community Information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Community Building Activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
McLeod Regional Medical Center of the Pee Dee Inc

Employer identification number
57-0370242

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**	Yes	
b	Any related organization?	**6b**	Yes	
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Donna Isgett	(i)	196,325	32,222	18,281		20,090	266,918	
	(ii)							
John W Sonfield MD	(i)							
	(ii)	333,624		16,336	15,500	19,593	385,053	
Alva W Whitehead MD	(i)	240,902	39,137	20,618	15,500	20,017	336,174	
	(ii)							
Gregory H Jones MD	(i)							
	(ii)	433,242		34,687		21,500	489,429	
Robert L Colones	(i)							
	(ii)	503,958	67,249	57,174		26,074	654,455	
S Fulton Ervin III	(i)							
	(ii)	266,737	38,000	37,244		20,989	362,970	
Marie G Segars	(i)	278,941	45,112	23,873		19,241	367,167	
	(ii)							
Peter Hyman MD	(i)	382,582	25,652	33,839		11,722	453,795	
	(ii)							
Thomas Brewer MD	(i)	326,048	30,657	33,976	5,000	14,769	410,450	
	(ii)							
Erik Dehlinger MD	(i)	350,065	33,440	16,743		19,788	420,036	
	(ii)							
Anthony Bostick MD	(i)	306,745	27,049	8,002		22,392	364,188	
	(ii)							
Lars N Reinhart MD	(i)	212,326	29,986	28,555		17,659	288,526	
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
	Part I, Line 6	Incentives are available to employees in leadership positions based on a combination of criteria including financial goals as well as quality initiatives

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 57-0370242
Name: McLeod Regional Medical Center of the Pee Dee Inc

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Donna Isgett	(I) (II)	196,325	32,222	18,281		20,090	266,918	
John W Sonfield MD	(I) (II)	333,624		16,336	15,500	19,593	385,053	
Alva W Whitehead MD	(I) (II)	240,902	39,137	20,618	15,500	20,017	336,174	
Gregory H Jones MD	(I) (II)	433,242		34,687		21,500	489,429	
Robert L Colones	(I) (II)	503,958	67,249	57,174		26,074	654,455	
S Fulton Ervin III	(I) (II)	266,737	38,000	37,244		20,989	362,970	
Marie G Segars	(I) (II)	278,941	45,112	23,873		19,241	367,167	
Peter Hyman MD	(I) (II)	382,582	25,652	33,839		11,722	453,795	
Thomas Brewer MD	(I) (II)	326,048	30,657	33,976	5,000	14,769	410,450	
Erik Dehlinger MD	(I) (II)	350,065	33,440	16,743		19,788	420,036	
Anthony Bostick MD	(I) (II)	306,745	27,049	8,002		22,392	364,188	
Lars N Reinhart MD	(I) (II)	212,326	29,986	28,555		17,659	288,526	

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information in Schedule O.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
McLeod Regional Medical Center
of the Pee Dee Inc

Employer identification number
57-0370242

Part I Bond Issues *(Required for 2008)*

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	Florence County	57-6000351	340122JL5	04-01-2004	119,000,000	To fund facility		X		X

Part II Proceeds *(Optional for 2008)*

		A	B	C	D	E
1	Total Proceeds of Issue					
2	Gross Proceeds in Reserve Funds					
3	Proceeds in Refunding or Defeasance Escrows					
4	Other Unspent Proceeds					
5	Issuance Costs from Proceeds					
6	Working Capital Expenditures from Proceeds					
7	Capital Expenditures from Proceeds					
8	Year of Substantial Completion					

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?										
10	Were the bonds issued as part of an advance refunding issue?										
11	Has the final allocation of proceeds been made?										
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use *(Optional for 2008)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2	Are there any lease arrangements with respect to the financed property which may result in private business use?										

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV Arbitrage *(Optional for 2008)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?										
6	Did the bond issue qualify for an exception to rebate?										

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
McLeod Regional Medical Center of the Pee Dee Inc

Employer identification number
57-0370242

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		McLeod Regional Medical Center of the Pee Dee, Inc has a sole member which is McLeod Health

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		The Board of McLeod Health (sole member) has final authority as needed on the makeup and decision-making of McLeod Regional Medical Center of the Pee Dee, Inc 's Board

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		The Board of McLeod Health (sole member) has final authority as needed on the makeup and decision-making of McLeod Regional Medical Center of the Pee Dee, Inc 's Board

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		The process the organization uses to review the Form 990 consists of providing copies of the Form 990 to the Board of Trustees of McLeod Health (sole member of McLeod Regional Medical Center of the Pee Dee, Inc) at the June 2010 Board meeting, along with a presentation covering the Form 990 by the preparing firm, Deloitte Tax, to allow for a thorough review by the sole member's Board before the filing date of August 16, 2010

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		McLeod Regional Medical Center of the Pee Dee regularly and consistently monitors and enforces compliance with the conflict of interest policy in that any director, principal officer, or member of a committee with governing board delegated powers, who has a direct or indirect financial interest, must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors and members of the committees with governing board delegated powers considering the proposed transaction or arrangement The remaining individuals on the governing board or committee meeting will decide if conflicts of interest exist Each director, principal officer and member of a committee with governing board delegated powers annually signs a statement which affirms such person has received a copy of the conflicts of interest policy, has read and understands the policy, has agreed to comply with the policy, and understands that the organization is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish its tax-exempt purpose

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		In determining compensation of McLeod Regional Medical Center of the Pee Dee's CEO and the other officers and key employees, the process included a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision The goverance committee reviewed and approved the CEO's compensation In the review of compensation, the CEO, other officers, and other key employees were compared to other similarly situated organizations and positions Individuals were not present when their compensation was determined

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		Governing documents, conflict of interest policy, and financial statements are available to the public upon request

Identifier	Return Reference	Explanation
Form 990, Part XI, Line 2b		The financial statements of McLeod Health were audited on a consolidated basis for the fiscal year ended September 30, 2009

Identifier	Return Reference	Explanation
Form 990, Part VII, Section A	Explanation of hours and related compensation	Thomas W Dickinson, MD's compensation is paid by McLeod Physician Associates II, a related organization of McLeod Regional Medical Center of the Pee Dee, Inc The compensation he receives is for his role as a physician in McLeod Physician Associates II and not for his role as a Board Member, an uncompensated role, of McLeod Regional Medical Center of the Pee Dee, Inc Hours worked are not tracked on an entity by entity basis Therefore, all hours reported on Form 990, Part VII, Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors represent aggregate hours worked per week John W Sonfield, MD's compensation is paid by McLeod Physician Associates II, a related organization of McLeod Regional Medical Center of the Pee Dee, Inc The compensation he receives is for his role as a physician in McLeod Physician Associates II and not for his role as a Board Member, an uncompensated role, of McLeod Regional Medical Center of the Pee Dee, Inc Hours worked are not tracked on an entity by entity basis Therefore, all hours reported on Form 990, Part VII, Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors represent aggregate hours worked per week Gregory Jones, M D's compensation is paid by McLeod Physician Associates II, a related organization of McLeod Regional Medical Center of the Pee Dee, Inc The compensation he receives is for his role as a heart surgeon in McLeod Physician Associates II and not for his role as a Board Member, an uncompensated role, of McLeod Regional Medical Center of the Pee Dee, Inc Hours worked are not tracked on an entity by entity basis Therefore, all hours reported on Form 990, Part VII, Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors represent aggregate hours worked per week Robert L Colones' compensation is paid by McLeod Health, a related organization of McLeod Regional Medical Center of the Pee Dee, Inc The compensation he receives is for his role as CEO of McLeod Health and not for his role as a Board Member, an uncompensated role, of McLeod Regional Medical Center of the Pee Dee, Inc Hours worked are not tracked on an entity by entity basis Therefore, all hours reported on Form 990, Part VII, Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors represent aggregate hours worked per week S Fulton Ervin III's compensation is paid by McLeod Health, a related organization of McLeod Regional Medical Center of the Pee Dee, Inc The compensation he receives is for his role as CFO of McLeod Health and not for his role as a Board Member, an uncompensated role, of McLeod Regional Medical Center of the Pee Dee, Inc Hours worked are not tracked on an entity by entity basis Therefore, all hours reported on Form 990, Part VII, Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors represent aggregate hours worked per week

Identifier	Return Reference	Explanation
Form 990, Part III, Line 4a	Community Benefit Report	McLeod Regional Medical Center of the Pee Dee, Inc , doing business as McLeod Regional Medical Center, is a charitable, nonprofit corporation, located in the City of Florence, South Carolina The corporation owns and operates McLeod Regional Medical Center (MRMC), a 453-bed tertiary care facility, together with other hospital, surgical, health and fitness, behavioral health, and hospice facilities located in Florence and Darlington Counties, South Carolina MRMC began as the eight bed "Florence Infirmary" established by Dr Frank Hilton McLeod in 1906 for the purposes of providing an up-to-date facility for efficiency and best outcomes in the provision of medical care In 1930, its name was changed to "McLeod Infirmary" and in 1935 a 200-bed, seven story building was constructed near the current campus In 1956, a north wing to that facility was opened, which expanded the facility to approximately 280 beds The McLeod Annex, a tuberculosis sanitarium,jointly owned and operated by Florence and Darlington Counties, was acquired by McLeod Infirmary in 1962 The McLeod Infirmary was renamed McLeod Memorial Hospital in 1971 In 1979, its name changed to McLeod Regional Medical Center of the Pee Dee, Inc , doing business as McLeod Regional Medical Center In that same year, MRMC consolidated operations at its current campus MRMC owns and operates the following organizations which operate as its divisions - McLeod Regional Medical Center, the System's main hospital campus located in Florence, South Carolina, which includes a 453-bed tertiary care facility and a 40-bed neonatal intensive care unit - McLeod Medical Center-Darlington, a 49-bed community hospital located in Darlington, South Carolina - McLeod Behavioral Health, a 23-bed psychiatric facility located on the campus of McLeod Medical Center-Darlington - McLeod Home Care, which consists of McLeod Home Health, a five-county home healthcare organization with offices in Florence,South Carolina, and McLeod Hospice House, a 12-bed inpatient hospice facility located in Florence, South Carolina - McLeod Health & Fitness Center, a comprehensive health and fitness center located in Florence, South Carolina - McLeod Ambulatory Surgery Center, a free-standing outpatient service center located on the campus of McLeod Regional Medical Center In Fiscal Year 2009, MRMC of the Pee Dee, Inc provided unpaid charity healthcare to the community in the amount of $91 Million This was the largest piece of the $102 Million in charity provided by the company's parent company, McLeod Health The Mission of McLeod Health is to improve the overall health and well being of people living within South Carolina and eastern North Carolina by providing excellence in healthcare The medical center has championed this mission for more than a century -- celebrating 104 years of exceptional medical service to the region McLeod Health is driven by a spirit of willing and compassionate service to others that is evident in the day-to-day hospital operations, long-range planning, and the people who are chosen to be a part of the McLeod team of professionals This team of physicians, nurses, staff members, board members and volunteers are dedicated to providing the community with much more than medical care Their commitment extends past the medical center's walls and into the region in an effort to build a stronger and healthier place for patients, co-workers, children and neighbors to live and work McLeod Support to Area Organizations McLeod Health supports more than 50 not-for-profit and local organizations by participating in events and fundraisers for these groups, providing financial contributions, and by offering the talents of McLeod staff members who serve as board members on planning committees for these organizations as well McLeod Health annually partners with the American Heart Association for the Pee Dee Heart Walk each October Hundreds of employees from the McLeod Cardiac and Stroke Units, Cardiac Rehabilitation Centers, Cardiac Catheterization Lab, McLeod Health & Fitness Center and other areas of McLeod Health passionately raise funds and walk in this event to reduce the prevalence of coronary heart disease and stroke in the region For many McLeod participants, they are committed to the Heart Walk because they have been personally affected by heart disease, while others rise to the challenge in support of their patients and prevention efforts Employees from many different areas of McLeod Health touched by cancer also join forces to take part in area American Cancer Society Relay for Life events in an effort to celebrate survivorship, prevent cancer, save lives, and diminish suffering from this disease Each spring, walkers from the McLeod Neonatal Intensive Care Unit, McLeod Children's Hospital, Labor & Delivery and Newborn Nursery Units at McLeod Regional Medical Center and McLeod Medical Center Dillon also participate with their families in area March of Dimes' March for Babies events in hopes that someday every mom and baby will experience a healthy, full-term pregnancy These McLeod physicians, nurses, support staff and volunteers form teams to support causes that have touched their lives in some way - - both personally and professionally in honor of the patients they serve and the families they have provided care McLeod Health also works to uphold the services of the American Red Cross with financial support as well as through resources and blood donations made by employees during regular McLeod blood drives According to the Red Cross, there is a critical need at national and state levels for blood, which is used in emergency situations as well as for people with cancer, blood disorders and other illnesses Last year, McLeod Health collected 688 units of blood This number is significant as one unit of blood can save up to three lives - - indicating that McLeod Health employees and community members who donated at McLeod facilities and events could potentially have saved more than 2,000 lives from one year's worth of donations In addition, McLeod staff members dedicate invaluable time to serve on community boards including the Florence County Board of Health, Mercy Medicine, Science South, the Florence Public School District One Board and United Way, amongst others McLeod Community Health Education Outreach Programs McLeod Community Health Education outreach programs have provided numerous industries, school groups, churches, community festivals and countless organizations with tools to improve the health of these individuals and their loved ones In fiscal year 2009, more than 10,000 community members were provided with information on cancer, diabetes, heart disease, diet and exercise, and safety for children, in addition to free or reduced-cost health screenings including blood pressure, blood sugar, bone density, and cholesterol screenings Often this information can be the key to recognizing the signs and symptoms of a potentially serious health problem, allowing for more timely attention and follow up with one's physician

Identifier	Return Reference	Explanation
Form 990, Part III, Line 4a	Community Benefit Report (continued)	McLeod Resource Center The McLeod Resource Center is a hub of information for the community with an emphasis on pregnancy, childbirth and family health The Resource Center houses an Internet research area, which provides patients and their families with computer stations and a resource guide they can use to find reliable health information online Patients in need of additional information about their diagnosis can visit the Resource Center to research their condition, ask questions of the clinically trained staff, or enjoy the quiet atmosphere and read educational materials provided by the American Heart Association, McLeod Diabetes Center, and the American Cancer Society as well as many others Free childbirth and parenting magazines, baby care booklets, samples and informational literature are also available for expectant mothers who visit the Resource Center In addition, the McLeod Resource Center offers an extensive series of free maternity education classes including Childbirth Preparation, Breastfeeding, Baby Care Postpartum, Maternity Tour, Big Sibling, and Family & Friends CPR In addition, the Center hosts a free informal class for pregnant women called the Night for Expectant Women, or NEW In the last year, there were more than 1,500 participants who attended the five to ten courses that are offered each month for expectant families McLeod Safe Kids Florence Safe Kids Florence, led by McLeod Health, works to reduce the number of unintentional childhood injuries through a multi-faceted approach combining community action, public awareness, education, technology and public policy initiatives In the past 12 months, McLeod Safe Kids has checked more than 400 child safety seats for proper installation and trained an additional 155 caregivers on correct car seat installation techniques, attended nearly 20 area health fairs, provided more than 150 child photo ID cards, trained more than 20 teens in babysitting safety with the Safe Sitter program, and donated more than 50 helmets, 500 gun locks, and 100 smoke detectors to local children and their families McLeod Safe Kids continues to grow and expand with the support of the McLeod Health Foundation and a grant from their community partner, Kohl's Cares for Kids A number of McLeod Safe Kids programs have touched many families locally helping to ensure safety for them and their community Two ongoing examples are the Third Thursday with Kohl's Safe Seats Child Safety Seat Check program and the Photo Identification project - The Third Thursday with Kohl's Safe Seats Child Safety Seat Check program has made a tremendous impact in the community by helping educate parents of young children that they are required by law to have their children secured in child safety seats The Kohl's program, which originated in November of 2008, is also extremely valuable as four out of five child safety seats are installed incorrectly Safe Kids holds a child safety seat check the third Thursday of each month from 4 00 p m until 6 00 p m in the Florence Kohl's parking lot McLeod Safe Kids certified child safety seat technicians check for proper installation of child safety seats, correct those in need, and educate parents on proper installation and use of car seats If the technician determines a new child safety seat is needed, the car seats are available on site - The Photo Identification project allows parents to maintain an ID card featuring their child's up-to-date picture and accurate identification information Safe Kids Florence recommends that children have a new photo identification card made each year These cards provide valuable information for law enforcement such as digital fingerprint scans to assist in a missing child case The photo identification cards are an invaluable tool for parents should anything happen to their child Retention of Nurses and Support of Nursing Programs in the Region As a partner in nursing education for the region, McLeod Health has made continuing contributions to area nursing schools Support of these valuable educational offerings was recently reflected in this year's $100,000 gifts to Florence-Darlington Technical College (FDTC) and Francis Marion University (FMU) to help maintain and expand their nursing programs McLeod Health has contributed nearly $1 5 million dollars to nursing education during the past six years in support of Florence-Darlington Technical College, the Medical University of South Carolina satellite nursing program at FMU, and the new nursing school at Francis Marion University Because nurses are so vital to health care, the Pee Dee is very fortunate to have two excellent nursing education programs in Florence at Francis Marion University and Florence-Darlington Technical College These two programs are the cornerstone for recruiting, retention and cultivation of exceptional nurses by McLeod and other health care providers in the region These contributions recognized each school's nursing program for their commitment to the development of outstanding health care professionals for the Pee Dee Region, which is particularly important in offsetting the state shortage of nurses According to the South Carolina nursing statistics, hospitals across the state are reporting an average nurse vacancy rate of approximately 12 6 percent The success of the relationships with the two college nursing programs, coupled with strong recruiting efforts, has helped McLeod and other health care providers in the region to improve their nursing vacancy rate considerably These nursing programs are vital to McLeod as the medical center continues to grow and expand to meet the needs of the region's patients as well as offer enhanced services which will require need additional staffing and nurses McLeod also serves as a learning site for more than 100 nurses a year who are students in local nursing programs In addition to this year's gifts to the Francis Marion University and Florence-Darlington Technical College Nursing Programs, McLeod also offers scholarships to eligible students to assist students who need financial aid with nursing school McLeod scholarships are available to college students who have been accepted in an accredited allied healthcare program such as nursing For fiscal year 2008/2009, McLeod Health awarded scholarships to nursing students in excess of $149,000 McLeod Mobile Mammography Unit The McLeod Mobile Mammography Unit began making visits to businesses and industries within the 12-county region McLeod Health serves in January of 2008 to reach working women where scheduling the time for a mammogram is an issue The mammography equipment on the mobile unit is identical to the digital units located in the McLeod Breast Imaging Center For calendar year 2009, there were 1,509 screening mammograms completed on the Mobile Mammography Unit Of these, six cases of breast cancer were diagnosed Other Notable Contributions Made by McLeod Health during Fiscal Year 2009 included - The McLeod Diabetes Center has long been known for its excellence in diabetes care and community education Each November, the Diabetes Center provides an extensive wealth of information at one of McLeod's largest community events, the Diabetes Health Fair The health fair offers free screenings for blood sugar, blood pressure, eye and foot conditions as well as diabetes-related nutrition and medication information - For 18 years, the McLeod Cancer Center has annually hosted its Cancer Survivor's Day Celebration to honor the continued survivorship of all cancer survivors in the region This past year's celebration included a healthy cancer cooking demonstration, ballroom dance lessons, chair yoga lessons, hand and shoulder massages, nutritious snacks and information from the American Cancer Society and the McLeod Color Me Pink Boutique - Free Saturday morning Injury Clinics are hosted each fall athletic season for high school athletes The clinics are staffed by the Certified Athletic Trainers of McLeod Sports Medicine along with the physicians of McLeod Orthopaedics and Pee Dee Orthopaedic Associates These healthcare professionals provide a complimentary medical assessment to evaluate the athlete's injury and make sure the injury is properly treated They also determine if the injury requires an x-ray, if a referral is needed for physical therapy or if the athlete needs to see an orthopedic surgeon or other specialist

Identifier	Return Reference	Explanation
Form 990, Part III, Line 4a	Community Benefit Report (continued)	- McLeod Medical Center Darlington held a free family health fair in fiscal year 2009 Free health screenings offered to the community included screenings for cholesterol, diabetes, PSA levels, bone density, PVD, stroke and blood pressure During the health fair, seven medical professionals also provided brief presentations on several health-related topics including knee replacements, attention deficit disorder, colon cancer, breast cancer, diabetes, yoga and nutrition - For children with chronic illnesses including Asthma, Sickle Cell, and Type I Diabetes, McLeod Children's Hospital annually hosts Camp Health each summer A free, three-day camp for children ages five to 12, Camp Health allows medical professionals to educate the pediatric participants and their caregivers on their conditions while offering fun and exciting activities such as trips to the Myrtle Beach Aquarium, Science South and the McLeod Health and Fitness Center In addition to these programs, in Fiscal Year 2009 McLeod Health provided the region with $ 102 million dollars worth of charity healthcare to benefit needy community families McLeod also stimulated the local and state economy in Fiscal Year 2009 by contributing more than $226 million payroll dollars, more than $12 million dollars in sales tax, approximately $843,000 in property taxes, and more than $13 million dollars in hospital provider taxes to benefit the state and communities where its employees and patients live and work These efforts demonstrate the spirit of willing and compassionate service that is at the heart, and the legacy, of McLeod Health

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
McLeod Regional Medical Center of the Pee Dee Inc

Employer identification number
57-0370242

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
McLeod Health Foundation 555 East Cheves Street Florence, SC29502 57-0818672	To raise money for McLeod entities	SC	501(c)(3)	Line 11, Type 1	N/A
McLeod Health 555 East Cheves Street Florence, SC29502 51-0473500	To operate a healthcare system	SC	501(c)(3)	Line 3	N/A
McLeod Medical Center - Dillon 555 East Cheves Street Florence, SC29502 51-0473471	To operate a community hospital	SC	501(c)(3)	Line 3	N/A
McLeod Physician Associates II 555 East Cheves Street Florence, SC29502 20-2935692	Physician Services	SC	501(c)(3)	Line 3	N/A

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations? Yes	(H) Disproprtionate allocations? No	(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner? Yes	(J) General or managing partner? No
McLeod Medical Partners LLC 4401 Barclay Down Dr STE 300 Charlotte, NC282094670 57-0812002	Rental	NC	N/A	Related	282,869	9,558,902		No			No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
McLeod Physician Associates Inc 555 East Cheves Street Florence, SC29501 58-2279897	Physician Services	SC	N/A	C			

Part V Transactions with Related Organizations

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b		No
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n		No
o Reimbursement paid to other organization for expenses	1o		No
p Reimbursement paid by other organization for expenses	1p		No
q Other transfer of cash or property to other organization(s)	1q		No
r Other transfer of cash or property from other organization(s)	1r		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)	McLeod Health	L	28,997,431
(2)	McLeod Health Foundation	C	2,149,005
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Software ID:
Software Version:
EIN: 57-0370242
Name: McLeod Regional Medical Center of the Pee Dee Inc

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
John C Pittard MD , Chairman/Trustee	1 00	X						0	0	0
Starlee Alexander , Trustee	1 00	X						0	0	0
Walter B Blum MD , Trustee	1 00	X						0	0	0
Patrick K Denton MD , Trustee	1 00	X						0	0	0
Thomas W Dickinson MD , Physician	40 00	X						0	132,344	13,758
Fred F DuBard Jr , Trustee	1 00	X						0	0	0
Daniel J Fox MD , Trustee	1 00	X						0	0	0
Dr Charles Gould , Trustee	1 00	X						0	0	0
Beverly Hazelwood , Trustee	1 00	X						0	0	0
Leanne Huminski , Vice President	40 00	X						141,647	0	7,910
Donna Isgett , Vice President	40 00	X						246,828	0	20,090
Fred M Krainin MD , Trustee	1 00	X						0	0	0
C Dale Lusk MD , Trustee	1 00	X						0	0	0
John Ramsey , Trustee	1 00	X						0	0	0
John W Sonfield MD , Physician	40 00	X						0	349,960	35,093
Alva W Whitehead MD , VP of Medical Affairs	40 00	X						300,657	0	35,517
Isam Zakhour MD , Trustee	1 00	X						0	0	0
Benjamin T Zeigler , Trustee	1 00	X						0	0	0
Gregory H Jones MD , Heart Surgeon	40 00	X						0	467,929	21,500
Robert L Colones , CEO of Related Org	40 00			X				0	628,381	26,074
S Fulton Ervin III , CFO of Related Org	40 00			X				0	341,981	20,989
Marie G Segars , Vice President	40 00				X			347,926	0	19,241
Peter Hyman MD , Staff Physician	40 00					X		442,073	0	11,722
Thomas Brewer MD , Staff Physician	40 00					X		390,681	0	19,769
Erik Dehlinger MD , Staff Physician	40 00					X		400,248	0	19,788
Anthony Bostick MD , Staff Physician	40 00					X		341,796	0	22,392
Lars N Reinhart MD , Staff Physician	40 00					X		270,867	0	17,659